

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 10/2003
Version: 04

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON

PHA Number: OK106

PHA Fiscal Year Beginning: (mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: RONNIE L. MOREHEAD

Phone: (580) 332-2399

TDD:

Email (if available): nnormore@brightok.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2003
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment <u> </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <u> </u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
ATTACHMENT G: Component 10 (B) Voluntary Conversion Initial Assessment	
ATTACHMENT H: Progress in meeting 5 Year Plan Mission and Goals	
ATTACHMENT I: PHA Certification of Compliance with the PHA Plans and Related Regulations – Board Resolution to Accompany the PHA Plan	
ATTACHMENT J: HUD-50070, Certification for a Drug Free Workplace	

ATTACHMENT K: HUD-50071, Certification of Payments to Influence Federal Transactions

ATTACHMENT L: SF-LLL, Disclosure of Lobbying Activities

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

THERE ARE NO SIGNIFICANT CHANGES IN POLICIES OR PROGRAMS PLANNED FOR THE UPCOMING YEAR.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 95,675

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description

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Table Library

(Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Relocation resources (select all that apply)	
<input type="checkbox"/> Section 8 for units	
<input type="checkbox"/> Public housing for units	
<input type="checkbox"/> Preference for admission to other public housing or section 8	
<input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: OKLAHOMA STATE DEPARTMENT OF COMMERCE

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

CERTIFICATION OF CONSISTENCY DATED 05/23/00

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A Substantial Deviation from the 5 Year Plan as adding or deleting a Strategic Goal. The changing of objectives will not be considered a Substantial Deviation.

B. Significant Amendment or Modification to the Annual Plan: A Significant Amendment or Modification to the Annual Plan is defined as a major change in Policy not included in the Annual Plan, the addition of a housing program, such as adding a Section 8 Voucher Program or building a new housing project. A demolition project or

conversion of Public Housing would be a significant amendment. A major deviation of Capital Improvements, \$10,000.00 or more would be considered a significant modification to the Annual Plan.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,521			
3	1408 Management Improvements				
4	1410 Administration	1,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,329			
10	1460 Dwelling Structures	37,825			
11	1465.1 Dwelling Equipment—Nonexpendable	12,000			
12	1470 Nondwelling Structures	20,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	95,765			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	TRANSFER TO OPERATION	1406		18,521				
OK106001	REPLACE HOT WATER HEATERS	1460	2	640				
OK106002	REPLACE HOT WATER HEATERS	1460	2	640				
OK106001	REPLACE FLOOR TILE	1460	2 UNITS	2,200				
OK106002	INSTALL SECURITY SCREENS ON WINDOWS	1465	177	10,845				
OK106001	REPLACE RANGES & REFRIGERATORS	1465	8 EA.	6,400				
OK106002	REPLACE RANGES & REFRIGERATORS	1465	7 EA.	5,600				
OK106001	TERMITE TREATMENT	1460	2	1,500				
PHA WIDE	ADD 40' TO MAINT. STORAGE BLDG	1470	1	20,000				
PHA WIDE	ADD FILL DIRT AT OFFICE	1450		1,329				
PHA WIDE	CONCRETE 30' X 60' X 5" AT MAINT. STORAGE BLDG	1450		5,000				
PHA WIDE	ADMINISTRATION	1410		1,000				
OK106001	REPAIR/REPLACE VINYL SIDING/GUTTERS	1460	30	6,000				
OK106002	REPAIR REPLACE VINYL SIDING/GUTTERS	1460	30	6,000				
OK106001	REPLACE ENTRY DOORS	1460	10	2,600				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
OK106002	REPLACE ENTRY DOORS	1460	10	2,600				
OK106001	REPLACE CARPET	1460	2	2,400				
OK106002	REPLACE CARPET	1460	2	2,400				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	46,836	46,836	46,836	46,836.00
3	1408 Management Improvements				
4	1410 Administration		320	320	0.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	73,700	73,380	73,380	64,462.77
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	120,536	120,536	120,536	111,298.77
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	TRSF TO OPERATIONS	1406		46,836	46,836	46,836	46,836.00	COMPLETE
OK106001	REROOF UNITS @ \$1,500 EA.	1460	15	22,500	0	0	0.00	N/A
OK106001	REPLACE CARPET IN ELDERLY UNITS @ \$700 EA.	1460	6	4,200	0	0	0.00	N/A
OK106001	REPLACE KITCHEN COUNTERTOPS @ \$750 EA.	1460	10	7,500	0	0	0.00	N/A
OK106001	REPLACE FLOOR TILE IN UNITS @ \$1,200 EA.	1460	10	12,000	0	0	0.00	N/A
OK106001	REPLACE HVAC SYSTEMS IN UNITS @ \$2,000 EA.	1460	10	20,000	2,985	2,985	2,985.00	COMPLETE
OK106002	REPLACE KITCHEN COUNTERTOPS @ \$750 EA.	1460	10	7,500	0			N/A
OK106002	REPLACE WINDOWS WITH DOUBLE PANE THERMAL WINDOWS	1460	318	0	57,395	57,395	57,395.22	COMPLETE
OK106001	INSTALL FULL SECURITY SCREENS	1465	45	0	2,582	2,582	2,582.55	COMPLETE
OK106002	INSTALL FULL SECURITY SCREENS	1465	169	0	8,918	8,918	0.00	IN PROGRESS
OK106002	TERMITE TREATMENT	1460	2	0	1,500	1,500	1,500.00	COMPLETE
PHA WIDE	ADMINISTRATION	1410		0	320	320	0.00	IN PROGRESS

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,988	18,988	18,988	18,988.00
3	1408 Management Improvements				
4	1410 Administration	0	997	997	997.50
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	0	1,330	1,330	1,330.00
8	1440 Site Acquisition				
9	1450 Site Improvement	13,700	0	0	0.00
10	1460 Dwelling Structures	39,000	84,465	84,486	84,485.55
11	1465.1 Dwelling Equipment—Nonexpendable	19,950	19,930	19,930	19,930.00
12	1470 Nondwelling Structures	37,800	0	0	0.00
13	1475 Nondwelling Equipment	0	3,707	3,707	3,706.95
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	129,438	129,438	129,438	129,438.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program: OK56P10650101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	TRANSFER TO OPERATIONS	1406		18,988	18,988	18,988	18,988.00	COMPLETE
HA-WIDE	BUILD SIDEWALK FROM NUTRITION CENTER DOOR TO MAINTENANCE BUILDING 48" X 60' X 4"	1450		1,000	0	0	0.00	N/A
HA-WIDE	ADD FILL DIRT BETWEEN MAINTENANCE BUILDING AND COMMUNITY BUILDING	1450		1,200	0	0	0.00	N/A
HA-WIDE	CONCRETE APRON AND DRIVEWAY FROM STREET TO MAINTENANCE AREA CHAIN LINK FENCE 14' X 30' X 5"	1450		2,500	0	0	0.00	N/A
HA-WIDE	CONCRETE MAINTENANCE AREA AND BUILD CONCRETE RAMP TO OVERHEAD DOOR ON MAINTENANCE BUILDING 30' X 60' X 5"	1450		9,000	0	0	0.00	N/A
OK106001	REPLACE ALUMINUM WINDOWS WITH DOUBLE PANE, THERMAL REPLACEMENT WINDOWS IN 30 UNITS	1460		39,0000	56,992	59,992	56,992.00	COMPLETE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF LANGSTON		Grant Type and Number Capital Fund Program #: OK56P10650101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
OK106001	REPLACE RANGES	1465	12	9,975	3,120	3,120	3,120.00	COMPLETE
OK106002	REPLACE RANGES	1465	12	0	3,120	3,120	3,120.00	COMPLETE
OK106001	REPLACE REFRIGERATORS	1465	19	9,975	7,030	7,030	7,030.00	COMPLETE
OK106002	REPLACE REFRIGERATORS	1465	18	0	6,660	6,660	6,660.00	COMPLETE
HA-WIDE	BUILD METAL MAINTENANCE STORAGE BUILDING 24' X 40' X 12'	1470		33,600	0	0	0.00	N/A
HA-WIDE	BUILD METAL CARPORT FOR MAINTENANCE TRUCK	1470		4,200	0	0	0.00	N/A
HA WIDE	TOOL BOX FOR TRUCK	1475	1	0	257	257	256.95	COMPLETE
OK106001	REPLACE CARPET	1460	5	0	3,024	3,024	3,024.28	COMPLETE
OK106001	REPLACE A/C CONDENSER	1460	3	0	4,051	4,051	4,050.65	COMPLETE
HA WIDE	REPLACE J. DEER MOWER	1475	1	0	3,450	3,450	3,450.00	COMPLETE
OK106001	TERMITE TREATMENT	1460	3	0	2,250	2,250	2,250.00	COMPLETE
HA WIDE	ADMINISTRATION	1410		0	997	997	997.50	COMPLETE
OK106002	5 SCREEN DOORS	1460	5	0	790	790	790.00	COMPLETE
HA WIDE	REROOF 622 MATHEWS AND REPLACE FASCIA	1460	60	0	0	0	0.00	N/A
HA WIDE	LEAD BASED PAINT TEST	1430	19	0	1,330	1,330	1,330.00	COMPLETE
OK106001	INSTALL FULL SECURITY SCREENS	1460	265	0	15,370	15,370	15,369.62	COMPLETE
OK106002	REPLACE ALUMINUM WINDOWS WITH DOUBLE PANE, THERMAL REPLACEMENT WINDOWS	1460	11	0	2009	2,009	2,009.00	COMPLETE

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name LANGSTON HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: PHA FY:
OK106001	Annual Statement	31,540	31,540		
OK106002		45,000	45,000		
PHA WIDE		19,135	19,135		
CFP Funds Listed for 5-year planning		95,675	95,675		
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

Activities for Year : <u>2006</u> FFY Grant: 2006 PHA FY: 2006			Activities for Year: ____ FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Total CFP Estimated Cost		\$			\$

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:
RONE LOUIE, MARGARET NORRIS

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 3 YEARS - 2/11/05, 02/11/05

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: All expire at same time

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mr. Gary Boyles, Mayor

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

RONE R. LOUIE
MARGARET E. NORRIS
TUERE B. AJANAKU

**REQUIRED ATTACHMENT F: Resident Advisory Board comments and/or
Recommendations and how the Housing Authority addressed these:**

NO COMMENTS

ATTACHMENT G:**COMPONENT 10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessment? 2
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 0
- c. How many Assessments were conducted for the PHA's covered developments? 2
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
OK106001	30
OK106002	30

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

STATUS:

I, Ronnie L. Morehead, Management Agent of the Housing Authority of the City of Langston certify that we have

- ☐ (a) Reviewed the development's operation as public housing;
- ☐ (b) Considered the implication of converting the public housing to tenant based assistance; and
- ☐ (c) Concluded that conversion of the development may be:
- ☐ (1) Appropriate because removal of the development would meet the necessary conditions for voluntary conversion:
- ☐ (a) Conversion would not be more expensive than continuing operation as public housing;
- ☐ (b) Principally benefit the residents of the public housing development to be converted and the community; and
- ☐ (c) Not adversely affect the availability of affordable housing in the community.
- ☒ (2) Inappropriate because removal of the development would not meet

the necessary conditions for voluntary conversion because:

- ☒ (a) Conversion would be more expensive than continuing operation as public housing;
- ☒ (b) Conversion would not principally benefit the residents of the public housing development and community; and
- ☒ (c) Conversion would adversely affect the availability of affordable housing in the community.

Certified by:

Housing Authority of the City of
Langston
PHA Name

OK106
PHA Number

Ronnie L. Morehead, Management Agent

Date